MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51									
2		1					52									
3		1					53									
4		2					54									
5		1					55									
6		1					56									
7							57									
8							58									
9							59									
10							60									
11							61									
12							62									
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14							64									
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18							68									
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22							72									
23							73									
24							74									
25							75									
26							76									
27	1						77									
28							78									
29							79									
30							80									
31							81									
32							82									
33	1						83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45	1						95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.							TOTAL IND.									
TOTAL DEP.							TOTAL DEP.									
TOTAL CLAIMS							TOTAL CLAIMS									